

Category: \_\_\_\_\_ Proposal #: 30- \_\_\_\_\_

**LBL 88-Inch Cyclotron Beam Time Request Form**

For the period of October 14, 1997 through March 30, 1998

**103 copies must be received by Monday, September 29, 1997**

**Experiment Title:**

**Spokesperson:**

**Co-Spokesperson (if applicable)**

Name:	Name:
Institution:	Institution:
Address:	Address:
E-mail:	E-mail:
Phone:	Phone:
FAX:	FAX:

# of 8 hour shifts requested (including tuning time):

Beam Ion:	Energy:	Intensity:	Target:
Beam Ion:	Energy:	Intensity:	Target:

Dates that are best for you:	BGS Experiment?
Dates that you cannot run:	8- $\pi$ Experiment?

Abstract of Proposal

Brief description of the status of any PAC-approved experiments from the last period

---

Other Participants	Institution	Status (i.e. Faculty, Grad Student)	E-Mail
--------------------	-------------	-------------------------------------	--------

(attach additional page if not enough room)

---

For requests for beams of rare isotopes, can you supply it? Otherwise, please justify your need for that particular ion(s).

---

Group Safety Person: \_\_\_\_\_ Phone# \_\_\_\_\_

Safety Considerations (please circle):

Radioactive Targets	Y	N	if Y: Total Activity of the targets _____ Ci
User-supplied Apparatus	Y	N	Beam wobbler Y N
Flammable or Toxic Substances	Y	N	Slammer Valve Y N
Pressure Vessels	Y	N	Unsealed Sources Y N
High Voltage Equipment	Y	N	Sealed Sources Y N
Microwave Sources	Y	N	Activation Products Y N
Biohazards	Y	N	Other Y N

---

Please explain any Yes answers: